

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6		5				
7		5				
8		5				
9		5				
10		5				
11		5				
12		5				
13		5				
14		5				
15		5				
16		5				
17		5				
18		5				
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20		5				
21		5				
22		5				
23		5				
24		5				
25		5				
26		5				
27		5				
28		5				
29	1					
30	1					
31	1					
32	1					
33	1					
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		12				
50		8				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		4				
52		6				
53		2				
54		2				
55		2				
56		20				
57		20				
58		18				
59		18				
60		4				
61		6				
62		4				
63		2				
64		2				
65		20				
66						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	10					
TOTAL DEP.		166				
TOTAL CLAIMS	270					